

EPA General Permit WAG130000 - Annual Report



Annual Report of Operations
for Year 2017

To comply with NPDES General Permit No. WAG130000 for Federal
Aquaculture Facilities and Aquaculture Facilities Located in Indian
Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG 130000

Facility & Owner Information

Facility Name: <u>Salmon River Fish Culture Facility</u>	
Operator Name (Permittee): <u>Quinault Indian Nation</u>	
Address: <u>1214 Aalis St.</u> <u>Taholah, WA 98587</u>	
Email: <u>tjurasin@quinault.org</u>	Phone: <u>360-276-8211</u>
Owner Name (if different from operator):	
Email:	Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the BMP Plan fulfill the requirements of the General Permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.	

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **73,353**
Pounds of food fed to fish during the maximum month: **11,546, March**

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
BY15 Coho	13,028	Salmon River	April
BY16 Coho	33,324	Salmon River	2018
BY16 Steelhead	12,008	Salmon River	April
BY17 Steelhead	13,741	Salmon River	2018
BY16 Chinook	1,252	Salmon River	July

Fill in the table below with production numbers from the past year. List the maximum amount of fish on-site and the maximum amount of food fed per month.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	61,422	6,740	July	14,143	2,964
February	70,379	9,910	August	18,214	3,564
March	77,091	11,546	September	32,130	4,456
April	83,435	2,997	October	40,815	9,652
May	5,422	1,564	November	48,228	8,673
June	9,500	2,412	December	55,511	9,862

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
OLSP Fish waste and river sediment	July 24 2017	Upland disposal QIR
Fish mortalities	1-1 to 12-31-17	Upland disposal QIR
Additional Comments: QIR = Quinault Indian Reservation		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
Additional Comments: No mass mortalities to report (>5%/week)			

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

There were no periods of noncompliance during 2017.

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
7-24-17		OLSP clean-out and inspection for leaks/condition
1-1 to 12-31-17		Continuous and intermittent inspection of production units and waste conveyances (weekly on average)

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical during the past calendar year.
Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <u>Romet TC</u>		Generic Name: <u>Romet</u>	
Reason for use: <u>Aeromonas salmonicida / Furunculosis Coho & Chinook</u>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <u>see report</u>	Total quantity of formulated product used in past year (specify units): <u>1,433 lbs of top-dress feed - label use</u>	
Date(s) of treatment: <u>6-8, 7-22, 5-30</u> <u>see attached medicated feed report</u>			Total number of treatments in past year: <u>3</u>
Maximum daily volume of treated water: <u>NA</u>	Treatment concentration (specify units): <u>NA</u>	Duration and frequency of treatment(s): <u>5 days, as needed</u>	
Method of application:	<input type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input checked="" type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe): <u>NA</u>
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Brand Name: <u>Aquaflor</u>		Generic Name: <u>Florfenicol</u>	
Reason for use: <u>Flavobacterium psychrophilum</u>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <u>see report</u>	Total quantity of formulated product used in past year (specify units): <u>660 lbs of feed - label use</u>	
Date(s) of treatment: <u>3-7 & 4-9</u> <u>see attached medicated feed report</u>			Total number of treatments in past year: <u>2</u>
Maximum daily volume of treated water: <u>NA</u>	Treatment concentration (specify units): <u>NA</u>	Duration and frequency of treatment(s): <u>10 days, as needed</u>	
Method of application:	<input type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input checked="" type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe): <u>NA</u>
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments	
Tank Volume	650 Liters
Desired Static Bath Treatment Concentration	75 µg/L
Volume of Product Needed	5 Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 715 ppb Active Ingredient: 71 ppb Iodine Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	6.14 cfs Specify Units
Maximum % of Facility Discharge Treated	10 % of Total Discharge

Flow-Through Treatments	
Tank Volume	424,000 Liters
Calculated Flow Rate	2,543 Liters/Minute
Duration of Treatment	90 Minutes
Desired Flow-Through Treatment Concentration of Product	116 µg/L
Amount of Product to Add Initially	NA - do not charge units Liters Product
Amount of Product to Add During Treatment	294 mL/Minute
Total Volume of Product Needed	26.5 Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 15,902 ppb Active Ingredient: 5,884 ppb Formaldehyde Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	6.14 cfs Specify Units
Maximum % of Facility Discharge Treated	10 % of Total Discharge

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No changes to report

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<i>Tyler Jurasin</i>	<i>Fisheries Operations Manager</i>
Printed name of person signing	Title
<i>Tyler Jurasin</i>	<i>1/20/18</i>
Applicant Signature	Date Signed

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

Static Bath Chemical Treatments															
Date	Vessel(s) Treated	# of Vessels Treated Simultaneously	Chemical Name:	Active Ingredient	% AI	Amount Applied/ Vessel	Units	Vessel Volume(cu ft)	Treatment Type:	Treatment Conc. AK(ppm)	Flow Treated (cfs)	Total Effluent Flow (cfs)	Effluent Conc. Solution (ppb)	Effluent Conc. AI (ppb)	Person reporting
10/17/2017	T1	1	Oxidine	iodine	10%	5.000	ml.	2.3	Static	77	0.0134	14.4	715	71	Dan Pickling
10/24/2017	T2	1	Oxidine	iodine	10%	5.000	ml.	2.3	Static	77	0.0134	14.4	715	71	Dan Pickling
10/31/2017	T6	1	Oxidine	iodine	10%	2.000	ml.	9.2	Static	77	0.0134	14.4	715	71	Dan Pickling
11/7/2017	T6	1	Oxidine	iodine	10%	1.000	ml.	4.6	Static	77	0.0134	20.82	494	49	Dan Pickling
11/16/2017	T6	1	Oxidine	iodine	10%	1.000	ml.	4.6	Static	77	0.0134	20.82	494	49	Dan Pickling
11/21/2017	T6	1	Oxidine	iodine	10%	500	ml.	2.3	Static	77	0.0134	20.82	494	49	Dan Pickling
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* Both a copy of the label with application requirements and the Material Safety Data Sheet (MSDS) must be kept in your records.

* Treatment type means, for example, static or flush bath, injection or flood.

Medicated Feed/Antibiotic Usage Report 2017

Salmon River Fish Culture Facility

NPDES Permit # WAG130000

Romet TC

Start Date	End Date	# of days	Location	Antibiotic	Pathogen	Dosage	Total Medicated Feed (lbs)	Brood Year and Species
6/8/2017	6/12/2017	5	Large Pond	Romet TC	Aeromonas salmonicida	50 mg/kg	550	8Y16 Coho
7/22/2017	7/26/2017	5	Large Pond	Romet TC	Aeromonas salmonicida	50 mg/kg	845	8Y16 Coho
5/30/2017	6/30/2017	5	Small Pond	Romet TC	Aeromonas salmonicida	50 mg/kg	38	8Y15 Chinook

Total	1,433
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Aquaflor

3/7/2017	3/16/2017	10	RW 1,2,3	Florfenicol/ Aquaflor	Flavobacterium Psychrophilum	15 mg/Kg	220	8Y16 Coho
4/9/2017	4/18/2017	10	RW 1,2,3	Florfenicol/ Aquaflor	Flavobacterium Psychrophilum	15 mg/Kg	440	8Y16 Coho

Total	660
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